

CARVER NEIGHBORHOOD PLAN
RESIDENTIAL QUESTIONNAIRE
2011

Please respond to the following questions by circling your choice.

1. Approximately how many years have you lived at your residence?
6 months – 1 year 2 – 5 years 6 – 10 years 11-20+ years
2. Do you rent or own your home in this neighborhood? Rent Own
3. Did you raise your family in this neighborhood? Yes No
4. Are you retired? Yes No
5. Do you have school age children? Yes No
Which schools do they attend? _____
6. Is your neighborhood location convenient to your place of employment? Yes No
7. Do you own and operate a business in the neighborhood? Yes No
8. Is your neighborhood location convenient to shopping? Yes No
Where do you shop for groceries? _____
9. Is your neighborhood convenient to hospitals and other medical services? Yes No
10. Do you feel there is adequate public transportation for your neighborhood?
Explain _____ Yes No
11. Do you travel mainly by private vehicle? Yes No
12. Is your neighborhood location convenient to the public schools? Yes No
13. Is your neighborhood location convenient to public parks and community centers?
Which ones? _____ Yes No
14. Have you considered moving from this neighborhood in the near future? Yes No
15. Do you feel safe in your neighborhood? Yes No
Why? _____
16. Do you know your neighbors well? Yes No
17. Do you plan to retire in your home in this neighborhood? Yes No

18. How would you rate the appearance of businesses & homes in the neighborhood?

Excellent Good Fair Poor

19. Do you have concerns about traffic or pedestrian safety in the neighborhood?

Which streets? _____ Yes No

20. Which do you think would improve the appearance of the neighborhood, attract new businesses, encourage home ownership and increase property values? Choose one or more.

Street Lights Sidewalks Landscaping & Street Trees Property Clean up Fix Houses Build New Housing

21. What are the primary physical conditions that negatively affect the appearance of the neighborhood? Choose one or more.

Sidewalks Old Signs Run-down buildings & houses Junk vehicles Outdoor Storage/debris Poor Fencing

22. Do you shop at or use the services of businesses in the neighborhood? Yes No

23. What is the thing you like most about your neighborhood?

24. What is the thing you would most like to change about your neighborhood?

25. What is the most significant problem faced by residents that needs *immediate* attention?

26. Do you think that crime in the neighborhood has decreased over the last 10 years?

Yes No

27. Do the local churches provide needed services for the neighborhood? Yes No

28. Do you feel that police protection is adequate in your neighborhood? Yes No

29. Have you ever been the victim of a crime in the neighborhood? Yes No

Explain _____

30. Do you think that the condemned houses and vacant lots contribute to crime? Yes No

31. Is street flooding, during a major rain event, a problem in your neighborhood? Yes No
Where? _____

32. Which city services could be improved? _____

Please attach additional pages for further comments